

**STATE OF NEBRASKA
SCHOOL RETIREMENT SYSTEM
PO BOX 94816, LINCOLN, NE 68509**

ADJUSTMENT REPORT

SCHOOL_____

EMPLOYER NUMBER_____

PAYROLL PERIOD		NAME	SSN	HOURS	SALARY	CONTRIBUTIONS
Begin Date	End Date					

TOTAL EMPLOYEE CONTRIBUTION ADJUSTMENTS \$ _____

TOTAL SCHOOL CONTRIBUTION (101% of employee adjustments) \$ _____

TOTAL ADJUSTMENTS \$ _____

Explanation of adjustments (not required)

AMOUNT REMITTED WITH WAGE & CONTRIBUTION RECAP FOR PERIOD ENDING \$ _____

PAYROLL CONTACT SIGNATURE